

Interstate Rock Products, Inc.

Interstate Rock Products, Inc.
42 South 850 West
Hurricane, UT 84737

(435) 635-2628
Fax: (435) 635-2177
email: irp@xmission.com

Position applying for: _____
Date available for employment: _____

Employment Application

APPLICANT INFORMATION: Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Telephone Number: Day: _____ Evening: _____ Cell: _____

All Applicants will be required to undergo drug testing as a condition of employment.

Federal law requires all employers to verify the identity and employment eligibility of all persons hired to work in the United States. Interstate Rock Products, Inc. participates in E-Verify.

INTERSTATE ROCK PRODUCTS, INC. IS AN EQUAL OPPORTUNITY EMPLOYER

Read this application carefully. Type or print clearly in ink. You must sign and date this application and include all information requested. If more space is needed, attach additional sheets using the same application format. False statements, evidence of fraud or deceit in connection with this application will disqualify you from the selection process, and if discovered after employment, are grounds for discharge. This application and all attached documents are official records of Interstate Rock Products, Inc. and cannot be returned.

EDUCATION, TRAINING and CERTIFICATIONS: List job related professional or trade licenses, certificates, or registrations:

EXPERIENCE: IN THE FOLLOWING SECTION, PLEASE LIST ALL EMPLOYMENT FOR THE LAST 5 YEARS BEGINNING WITH THE PRESENT/MOST RECENT EXPERIENCE. There can be no unexplained gaps. If you were unemployed, in the military, attending school, etc. you must list that period of time. If you wish to elaborate on your experience, a supplemental sheet or resume may be attached, but this section must be completed. If using additional sheets to list further work experience, please use the same format as follows:

Employer: _____ From _____ To _____

Complete Address: _____ Full Time _____ Part Time _____

Hours Worked per Week _____

Phone Number: _____ Hourly Wage _____

Job Title: _____ Supervisors Name: _____

Duties: _____

Reason for Leaving: _____

Employer: _____ From _____ To _____

Complete Address: _____ Full Time _____ Part Time _____

_____ Hours Worked per Week _____

Phone Number: _____ Hourly Wage _____

Job Title: _____ Supervisors Name: _____

Duties: _____

_____ Reason for Leaving: _____

Employer: _____ From _____ To _____

Complete Address: _____ Full Time _____ Part Time _____

_____ Hours Worked per Week _____

Phone Number: _____ Hourly Wage _____

Job Title: _____ Supervisors Name: _____

Duties: _____

_____ Reason for Leaving: _____

Do you have a valid CDL? NO YES State: _____ Class: _____ Endorsements: _____

REFERENCES: List three people, not related to you, who know your qualifications for the position which you are applying.

FULL NAME	BUSINESS OR OCCUPATION	CURRENT TELEPHONE NUMBER	ALTERNATE TELEPHONE NUMBER

CERTIFICATION OF APPLICANT: PLEASE READ THE FOLLOWING PARAGRAPHS CAREFULLY BEFORE SIGNING

I hereby authorize any previous employer and references to give and release to Interstate Rock Products, Inc. any and all information of whatever kind in either written or verbal form. I release Interstate Rock Products, Inc. from any liability for the use of this information in considering and reviewing my application for any available position.

I understand that this employment application and any other Interstate Rock Products, Inc. documents are not contracts of employment and that any oral or written statements to the contrary are expressly disavowed.

I certify that all statements made in this application are true and complete and understand that any misrepresentation of material fact in this document or during an interview may subject me to disqualification or dismissal.

Signature: _____

Date: _____

Interstate Rock Products, Inc.

EMPLOYMENT APPLICATION

Part 2

Interstate Rock Products, Inc. is an Equal Opportunity Employer

Interstate Rock Products, Inc. adheres to the policy of Equal Employment Opportunity for all applicants and employees. Employment decisions are made in a non-discriminatory manner without regard to race, color, religion, sex, national origin, age, marital status, medical condition, disability, handicap, or any other legally protected classification.

Interstate Rock Products, Inc. complies with Equal Employment Opportunity government reporting requirements and is required to obtain information and keep applicable records as a result of this compliance. Please provide us with the information below for the sole purpose of recordkeeping, reporting, and other legal obligations. Providing this information is voluntary. This information will be kept strictly confidential and separate from the application and employment records. We appreciate your cooperation.

PLEASE PRINT ALL INFORMATION

Name: _____ Date: _____
First MI Last

Position Applied for: _____ Male _____ Female _____

Please check on of the following race/ethnic groups:

_____ Hispanic or Latino

_____ Black or African American

_____ White

_____ Asian

_____ Native Hawaiian or Other Pacific Islander

_____ American Indian or Alaskan Native

_____ Two or More Races

Please check any of the following that apply:

_____ Vietnam Era Veteran

_____ Disabled Veteran